



# **Change of Beneficiary Form - ERS Active Members**

#### GENERAL INSTRUCTIONS

A. Print or type clearly. B. Plea	se read the instructions on page	•	•	y ERS
	SECTION 1 -			
Name:				
(Last)		MI) (Maiden)		
Mailing Address:				
	(Street)		(City) (State) (Zip Code)	
Date of Birth://			Daytime Phone No: ()	_
(mm) (dd) (yy	уу)			
SECTIONS 2 & 3 INSTRUCTIONS			. Den eficiente avec en este este este este este este este e	
<ol> <li>Primary Beneficiary - If you choose</li> <li>Secondary Beneficiary - Used only</li> </ol>		-	y Beneficiaries" on a separate piece of paper, sign it and attach it to this	s torm.
, , , , , , , , , , , , , , , , ,			BENEFICIARIES	
A. PRIMARY				
Name:			Percentage	%
(Last)		(First)	(MI) (Maiden)	
Mailing Address:				
	(Street)		(City) (State) (Zip Code)	
Date of Birth: / /	Relationship To You:		Daytime Phone No: ()	
(mm) (dd) (yyyy)				
B. SECONDARY				
Name:			Percentage	%
(Last)		(First)	(MI) (Maiden)	
Mailing Address:				
	(Street)		(City) (State) (Zip Code)	
			Daytime Phone No: ()	
(mm) (dd) (yyyy)			Total Percentage	e 100%
SECT	ION 3 - GROUP TER	M LIFE INS	SURANCE BENEFICIARIES	
A. PRIMARY				
Name:			Percentage	
(Last)		(First)	(MI) (Maiden)	
Mailing Address:				
	(Street)		(City) (State) (Zip Code)	
Date of Birth://	Relationship To You:		Daytime Phone No: ()	
(mm) (dd) (yyyy)				
<b>B. SECONDARY</b>				
Name:			Percentage	%
(Last)		(First)	(MI) (Maiden)	
Mailing Address:				
	(Street)		(City) (State) (Zip Code)	
Date of Birth: ////	Relationship To You:		Daytime Phone No: ()	
(mm) (dd) (yyyy)			Total Percentag	je 100%
SECTION 4 - SIGNATURE & ACKNOWLEDGEMENT				
I designate the above for any ben	efits due after mv death. I have	read and unders	tand the instructions on page two of this form.	
Signature			Date	

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## MEMBER CHANGE OF BENEFICIARY FORM Instructions

#### Complete and return to ERSGA. Incomplete forms are not valid and will be returned.

$\succ$	On this form, you are naming beneficiaries <i>for two different benefits: ERS retirement and ERS Group Term Life Insurance</i> . You may name the same beneficiaries for both or you may name
	different beneficiaries.
$\succ$	If you wish to name multiple beneficiaries, please write "see attached," write the names and other information requested on a separate piece of paper, and attach it to this form. Primary and
	secondary beneficiaries do not share benefits. If you attach a sheet, you must sign and date the list and include your SSN in the upper right hand corner.
$\blacktriangleright$	Primary and secondary beneficiaries may be changed at any time prior to retirement, but this change is not effective until it is received in this office.
$\succ$	A secondary beneficiary will receive a benefit <b>only</b> if the primary beneficiary(ies) predeceases you.
$\succ$	Remember that a will does not take precedence over this designation.
$\triangleright$	"Estate" is only appropriate as a designation if no <i>monthly</i> allowance is left to a beneficiary . A <i>monthly</i> allowance cannot be paid to an estate.

### Sections 1 and 4: Personal Information and Signature

List all personal information in Section 1.

Section 4 must have your signature and must be dated.

## Section 2: Retirement Beneficiary Information

**Primary Beneficiaries:** The primary beneficiary(ies) will receive a monthly benefit only if one of these two conditions apply:

o You are age 60 years or older *and* you have at least 10 years of creditable service.

#### OR

o You are an active member and have at least 13 years and 4 months of creditable service.

If neither of these conditions are met, your beneficiary will receive a refund of your contributions and inteterst.

**Secondary Beneficiaries:** Your secondary beneficiary(ies) will receive the benefit *only* if the primary beneficiary predeceases you.

#### Section 3: ERS Group Term Life Insurance Beneficiary Information

The Group Term Life Insurance is payable only to your listed beneficiary(ies). GTLI is not assignable. You may designate percentages to multiple beneficiaries, but remember that the total percentage must equal 100%. If you do not specify percentages, the beneficiaries will be paid in equal amounts.

Do not use this form if you are retired. A separate form for retirees is available on our website (www.ers.ga.gov) or from our office.